

**SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE  
PO BOX 995  
COLUMBIA, SOUTH CAROLINA 29202**

**ELECTION TO REIMBURSE THE SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE  
FOR BENEFITS PAID**

The employing unit named below, being an "employer" subject to the provisions of South Carolina Law, and in accordance with the provisions of the Law relating to the financing of benefits, hereby elects to make payments to the Department as indicated below:

**CHECK ONE:**

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Payment of any bill rendered at the end of each calendar quarter for the amount of regular benefits paid, and of one-half of the extended benefits paid that is attributable to service in the employ of this employing unit.

☐

Payment of two percent of the quarterly payroll with an adjustment payment, as required, at the end of the calendar year in regard to regular benefits paid, and of one-half of the extended benefits that are attributable to service in the employ of this employing unit.

As provided in South Carolina Law, unemployment insurance benefits are based on wages paid in covered employment in a one-year period called a "base period."

In the event an individual is no longer employed by the employing unit, goes to work for another employer(s), becomes unemployed and files a claim for benefits, any wages within the base period, which are attributable to service in the employ of the reimbursing employer, would be used to establish the claim. The charges for the reimbursable employer are pro-rated in the same ratio as the total base period wages paid to the claimant by all base period employers.

The employing unit is required to reimburse the amount of benefits paid as a result of an initial determination of eligibility. In the event the benefits are subsequently determined to be overpaid for any reason, the reimbursable account WILL NOT be credited until the claimant reimburses the Department for the overpayment.

**Dated:** \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Name of Employing Unit

**SWORN to before me this the** \_\_\_\_\_

**By:** \_\_\_\_\_

**Day of** \_\_\_\_\_, 20 \_\_\_\_\_

**Title:** \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**IMPORTANT: This election form must be signed by a principal officer, if a corporation, or the chief administrative official, if an instrumentality of the State of South Carolina.**

**APPROVAL**

The SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE hereby approves the above election, which will be in effect for a period of not less than two calendar years as provided in South Carolina Law and which will remain in effect each calendar year thereafter, until the election is terminated by the employing unit in accordance with the provisions of South Carolina Law.

SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE

**Date:** \_\_\_\_\_

**By:** \_\_\_\_\_

UI TAX DEPARTMENT DIRECTOR